2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90077 023 ****70.00

DOCUMENT # 710202

1. Entity Name
FLORIDA PSYCHOANALYTIC SOCIETY, INC.

Principal Place of Business	Mailing Address
420 SOUTH DIXIE HWY 2F CORAL GABLES, FL 33146 US	420 SOUTH DIXIE HWY 2F CORAL GABLES, FL 33146 US

01312005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6215571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIEVANO, JORGE E MD
7600 SW 57 AVE
#225
MIAMI, FL 33146

7. Name and Address of New Registered Agent

Name JORGE CASARIEGO M.D.
Street Address (P.O. Box Number is Not Acceptable) 8600 SW 92nd St Suite 203
City Miami FL Zip Code 33156

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 3/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LIEVANO, JORGE E MD 7600 SW 57 AVE #225 MIAMI, FL 33143	☑ Delete	DP JORGE CASARIEGO, M.D. 8600 SW 92 St Suite 203 MIAMI FL 33156	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CASUSO, ENRIQUE MD 351 NW LEJEUNE RD 404 MIAMI, FL 33126	☑ Delete	DT Ellen Helman MSW 5201 LA GORCE DR MIAMI BEACH FL 33140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BANTA; HELEN PHD 805 E HILLSBORA BLVD SUITE 102 DEERFIELD BEACH, FL 33441	☑ Delete	DS FREDERIC LEVINE PHD 7600 Red Road Suite 108 Miami FL 33143	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPE CASARIEGO, JORGE I MD 8600 SW 92 ST, 203 MIAMI, FL 33156	☐ Delete	DPE SAIDA KOITA M.D. 420 SOUTH DIXIE HWY Suite 4H CORAL GABLES FL 33146	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen Helman MSW (Treasurer) Ellen Helman 3/2/05 305-868-6895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #